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Writing Medical Lives -Creating Posthumous Reputations: Dr Matthew Baillie and his Family in the Nineteenth Century

Introduction

This essay is concerned with the relationship between life writing and the construction of medical identities in the 'long' nineteenth century. It explores those features of medical lives and reputation that were valorised within the evolving medical profession and shaped medical education. It is focused on end-of-career autobiographical narratives, posthumous biographical essays prefaced to collected editions of medical writings, family memoirs and obituaries. These can be termed 'the ephemeral life writing which constitutes the sources of biographies of the future, the messy scramble at the point of death to control the media and avert scandal, to fix representations and to suppress, repress and displace available meanings.'¹ The study also makes use of that popular literary genre of the nineteenth century, the collective biographical celebration of 'great men', along with its sub-genre, medical prosopography, and seeks to engage with a timely observation, made in the pages of this journal in 2009: 'Given the importance of biography to the formation of our discipline, it seems strange there have not been more systematic studies of the genre by medical historians.'²

¹ Brake 2006, p. 167.

² Reinartz 2009, p. 201.

My primary illustration of the meanings of medical life writing for both the creators and intended consumers is Dr Matthew Baillie (1761-1823), morbid anatomist and physician, along with members of his network of medical kin and colleagues - in London and Edinburgh, and in Gloucestershire, where he owned a country estate. A Lanarkshire born son-of-the-manse, Baillie was the nephew of William and John Hunter and son-in-law of Thomas Denman, the celebrated obstetrician. He enjoyed a distinguished London medical career, first as a lecturer in anatomy, a hospital doctor and medical author and then as a fashionable physician in successful private practice. He had unusually good professional relationships in both London and Scotland, testified by the large numbers of printed obituary orations and institutional presentations to his memory that were made at his death.³ Baillie's widely admired conduct within the medical community along with his careful approach to medical patronage is also revealed in the diaries of such younger colleagues as Alexander Morison of Edinburgh and London, who later found fame in the new field of psychiatry.⁴ Baillie's wife, his son and daughter, and two grandchildren engaged in life-writing and other activity including strategic

³ The College of Physicians testimony to Baillie's memory is in their 'Annals' for 1823, see Macmichael 1884, p. 137. They also purchased a bust of Baillie; see, Royal College of Surgeons of England, Hunter Baillie Letters vol 3/2 61c. Letter from Henry Halford to Sophia Baillie, 22 December 1823. The Society of Army Medical Officers also offered a testimony to Baillie's memory, RCSL H B vol 3/2, 50c. Letter from James McGrigor to Sophia Baillie, 14 May 1824. For the Edinburgh response, see Duncan 1825.

⁴ Royal College of Physicians of Edinburgh. MS diaries of Sir Alexander Morison, 1807-62.

bequests to medical institutions in order to promote his posthumous reputation and keep his memory alive. Yet the nineteenth century interest in Baillie - illustrated by the inclusion of his medallion portrait in a pantheon of medical 'greats' used to decorate the main hall in the refurbished Royal College of Physicians of Edinburgh in 1860s - could not have been sustained through the energies of a devoted family alone. Baillie's melding of the different facets of his career, his relationships with patients and, in particular, his manner of making and 'stating' a diagnosis were innovative and exemplary in an age when notable lives were employed for both professional instruction and popular edification. Baillie used language in a manner that evoked wide admiration. He had a particular style of dress and address that was praised. This essay considers the reasons why these attributes of character were of such interest in the nineteenth century medical profession and beyond.

The Rise of Medical Life Writing

Writing recently in the *Journal of Medical Biography* in an editorial comment on the new *Oxford Dictionary of National Biography*, Margaret Pelling noted the long history of 'medical life-writing' and identified a peak in output in the early nineteenth century, which she linked to a high point of conflict within the profession. She also observed, and the *Journal of Medical Biography*, which was established in 1992 and is published by the Royal Society of Medicine Press, is

witness to this truth, that medics are drawn to biographical writing because of the nature of their practice – ‘medicine has a narrative structure.’⁵

Biographical writing certainly occupies a special position in the modern medical profession⁶, for no other profession supports such a serial publication in which most of the articles are penned by its members. Yet the evolution of medical life writing can only be fully understood in the broader historical and literary context. Modern secular individualism underpinned the emergence of biography as a genre in Britain and exemplary lives, briefly sketched, were a popular feature of moral instruction as well as entertainment from the late seventeenth century. Most early biographies were posthumous, focussed on esteemed political, professional or literary figures, were prefaced to an edition of the collective works of the deceased and often also included details of their will and charitable bequests.⁷ The short biographical essay linked posthumously to published writings remained a popular form of life writing into the nineteenth century. An example is furnished by Thomas Denman (1733-1815), whose textbook *An Introduction to the Practice of Midwifery* was produced in its sixth edition in 1824 with a preface comprising ‘A memoir of my own life, written in 1799’ augmented with a ‘Continuation’ by his son-in-law Baillie.⁸ There was also, in two volumes, *The Works of Matthew Baillie, M.D. Which is Prefixed an Account of his Life,*

⁵ Pelling 2006, p.1.

⁶ See, Soderqvist 2007, ‘Introduction.’

⁷ See Curll 1720.

⁸ Crainz 1995, p. 137.

Collected from Authentic Sources, published in 1825 at the instigation of Baillie's family and edited by James Wardrop (1782-1869), described on the title page as 'Surgeon Extraordinary to the King' who, born in the same part of Scotland as the Hunter and Baillie families, was a Baillie protégé.⁹ The first volume comprised Baillie's most extensive and pioneering work, *The Morbid Anatomy of Some of the Most Important Parts of the Human Body*, which was first published in 1793 and was reproduced in many English and foreign editions thereafter.¹⁰ The second volume comprised Baillie's shorter writings describing the symptoms and progress of diseases and cases, which were mostly published in medical journals during the early decades of Baillie's career.

The interest in biography in the later eighteenth and early nineteenth centuries is neatly captured by Andrew Kippis (1725-95), a London-based literary clergyman and editor of the *Biographia Britannica*, the most important multi-volume collective biography of the age.

Biography ...is very agreeable and useful when it hath no other view than merely to relate the circumstances of the lives of eminent men...But it is capable of still nobler application. It may be regarded as presenting us with a variety of events, that, like experiments in natural philosophy, may

⁹ Pettigrew 1838, vol 2/16.

¹⁰ For the editions, see Crainz 1995, p.67-108. On this part of Baillie's career, see King 1958, pp. 277-82, and Lawrence 1996, pp. 308-9.

become the materials from which general truths and principles are to be drawn.¹¹

Wardrop echoed similar sentiments in his biographical preface to Baillie's *Works*.

It is not less instructive than it is pleasing, to contemplate the character of men who have performed the duties of their station with honour and ability. Their example has a powerful influence on the human mind; and biography becomes of great importance to mankind where it can hold up for imitation the conduct of those individuals who have been distinguished as much for their moral worth as their intellectual acquirements. Indeed, in no department of civilized life can the moral character be more justly appreciated, than in the medical profession. In the exercise of his duties, so much depends on the honour and integrity of the physician, that, when possessed of those great endowments, he is deservedly entitled to public gratitude and respect; while, at the same time, his character cannot be too highly estimated by his professional brethren.¹²

Whilst Thomas Pettigrew (1791-1865) another medical biographer, in the introduction to his four volume *Medical Portrait Gallery* of 1838-40, a prosopography illustrated with engravings, went further in his claims in favour of medical life writing.

The History of the Progress of Medicine...cannot be more agreeably displayed, than in the detail of the researches of the most celebrated

¹¹ Quoted in Kippis' obituary. *Annual Necrology* 1800, pp. 215-6.

¹² Wardrop 1825, p. viii.

professional men who have successfully toiled in the pursuit of science. It is pleasing to contemplate [their] conduct and character....¹³

Yet life writing could serve other purposes, and in parallel with such respected collections as *Biographica Britannica*, popular magazines of the later eighteenth century began including 'Modern Biography' in their pages, comprised of accounts of the lives of still-living individuals which were often no more than scandal mongering.¹⁴ Unauthorised biographies were problematic for the individuals and families concerned, and as life writing flourished from the later eighteenth century, so too did attempts to block them or to prosecute the publishers. An example is furnished by the Baillie family following the death of John Hunter in 1793, when there was consternation among the female members of the tribe, led by the celebrated playwright Joanna Baillie (1762-1851), Matthew's sister and Hunter's niece, at the inclusion in a publication titled *The History of Old London* of details concerning John Hunter's youthful experience as an apprentice cabinet maker in Scotland.¹⁵ The facts were true and were later included in modified form in biographical essays such as the one that appeared in Robert Chamber's *Biographical Dictionary of Eminent Scotsmen*, published in

¹³ Pettigrew 1838, p. 3.

¹⁴ *British Magazine* 1782, p. 4.

¹⁵ RCSE, HB. vol 2/1 'Family Memoir' by Agnes Baillie addressed to 'My dear William' [William Hunter Baillie?] c.1830. I can find no trace of *The History of Old London*.

Edinburgh in 1835 and sanctioned by the still living Joanna Baillie.¹⁶ But in the 1790s such plebeian associations could compromise the careers of members of the family who were still making their way, such as Matthew Baillie. Indeed, the literary ladies who were associated with John Hunter, which include his widow, Ann Home, also had their reputations and bluestocking careers to preserve.

To protect themselves, authors and editors at the respectable end of the life writing business began to refer to their sources of information. So, the 1792 *Beauties of Biography, A Selection of the Lives of Eminent Men*, published in two volumes, which was described on the title page as a 'pleasing assemblage of entertainment and instruction' also stated under the title that it was 'carefully digested from correct and approved publications.' And by the mid 1830s, when Robert Chambers published his *Biographical Dictionary*, the final volume of four included an index detailing the sources for each entry, which included reference to 'family information.'¹⁷ This use of 'family information' taken directly from surviving relatives, plus details from such reliable sources as the *Gentleman's Magazine* or *Scots Magazine*, which carried family authorised obituaries from c.1800 - an extension of their earlier 'Births, Marriages and Deaths' announcements - suggests that the contents of collective biographical volumes came to represent a view of a celebrated life that was designed to uphold the reputation and interests of the family in question. This was critical when so many

¹⁶ Chambers 1835, vol 3, pp. 155-6.

¹⁷ *ibid* vol 4, pp. 531-44. 'Index with Authorities.'

families continued to rely on the area of employment in which the esteemed departed had practised, or on other forms of employment where family reputation shaped success. It was also critical in those cases where intellectual property – such as published writings – provided an income for family members.

Yet in the medical community, as elsewhere in professional life, the nineteenth century witnessed other problematic forms of life writing when respectable medical prosopography, such as Pettigrew's *Medical Portrait Gallery*, started to combine distinguished, albeit elderly, living subjects with the dead. Pettigrew, sought to justify himself through reference to a distinction between 'professional biography' rather than 'personal biography.'¹⁸ But by the 1840s 'contemporary biography' of 'living members of the medical profession' often embellished with engravings or photographs and increasingly regarded as no more than advertising 'puffs' of questionable 'professional propriety', was on the rise. By the mid-1850s, a time of extensive reform in the profession, the genre provoked a 'strong and very general verdict of condemnation', and the general meeting of the British Medical Association in 1865 took a vote against the practice, prompted in particular by the publication of *Photographs of Eminent Medical Men of all Countries, with brief Analytical Notices of their Works* which was considered, correctly, as no more than an advertising device.¹⁹

¹⁸ Pettigrew 1838, vol. 1. p.5.

¹⁹ Quotes from Plarr 1925, p. 466.

This last publication indicates a further evolution in the character of medical life writing since the later eighteenth century, and that was the inclusion of portraits, engravings and later photographs, in order to, 'trace the mind's index in the face' in the manner advocated by the popular pseudo-science of phrenology.²⁰

Indeed, by the early decades of the nineteenth century, alongside collective biographical volumes illustrated with portraits, there were collective volumes of portraits illustrated with biographical essays, as in *The Gallery of Portraits with Memoirs*, published by Charles Knight of London between 1833-6, 'Under the Superintendence of the Society for the Diffusion of Useful Knowledge', which included numerous medical biographies.²¹

Themes of Medical Life Writing

Nineteenth century medical life writing, in common with that focussed on other groups of eminent scientific men, is often characterised today as hagiography and of limited value to the study of the past.²² Yet the emphasis on a consistent set of themes and ideals that made up the lives, careers and personalities of distinguished physicians and surgeons bears closer scrutiny, for it can be argued that these were significant in the processes of professional identity formation and that they were also designed to address some of the popular criticisms of the

²⁰ Advertising pamphlet for the *New London* 1798.

²¹ See, Rovee 2006, pp.24-5.

²² MacLeod and Nuvolari 2006, p.7. Linker 2007.

professions as seen, for instance, in London produced print satire.²³ Indeed, as observed by Ludmilla Jordanova, one of the most interesting of the biographical publications of the mid-1820s, which included an account of the life of Matthew Baillie, *The Gold Headed Cane*, was penned by its author - William Macmichael (1784-1839), fellow and administrator at the Royal College of Physicians - as a history of the changing profession as 'witnessed' by the cane, as it passed from one distinguish medical man to the next, because of anxieties about the character of modern medical men.²⁴

A distinct feature of biography from the early nineteenth century, which paralleled the inclusion of portraits as 'windows on character', was the provision of details on the subjects personality, domestic and family life and private conduct as a means for assessing their claim to distinction and for contextualising success in professional practice. Of Matthew Baillie it was said in the biographical essay attached to the *Works*, 'It is curious to trace the variety of circumstances which have led medical men to celebrity in this metropolis. Dr Baillie was one of those whose success is greatly to be attributed to professional knowledge, adorned with every private virtue...'.²⁵ These 'private virtues' were elaborated particularly with regard to attitudes to money-making because one of the biggest criticisms

²³ See, *The Language of the Age: Depictions of Medicine in Graphic Satire* [online exhibition] at www.countway.harvard.edu/chm/rarebooks/exhibits/satires/index.html

²⁴ Jordanova 2003, pp. 293-313.

²⁵ Wardrop 1825, p. 35.

levelled at medical men through eighteenth century satire and even in nineteenth century fiction, was their love of luxury and the exploitation of privileged knowledge to make money at the expense of often vulnerable patients. Making a great deal of money had to be explained. Being mean with money was almost as bad. Bankruptcy or financial imprudence was also problematical. These issues were confronted in the professionalisation process with the rise of medical ethics and fee setting.²⁶ They had also formed the subject of professional discourse and instruction for decades, seen for instance in John Gregory's *Lectures on the Duties and Qualifications of a Physician*, published in London in 1772, and were now further developed and personalised through exemplary lives.

The virtuous doctor was often described as one who could have made a great deal more money than he did, particularly through a strategic career move to London. The supposed decision to remain in provincial practice was held, therefore, to indicate integrity and simplicity, as in the case of Edward Jenner (1749-1823), a student of John Hunter and a Baillie family friend from Gloucestershire, where Matthew Baillie had purchased a country estate in 1805.²⁷ Jenner's posthumous reputation for a highly moral approach to money was also founded on another key quality, repeatedly stressed, which was his public-spirited refusal to patent his discovery of smallpox vaccination.²⁸ Jenner's first biographer, who developed many of the distinguishing identity traits, was

²⁶ King 1958, ch. 8.

²⁷ *Gallery of Portraits* 1833-36, vol 6.

John Baron (1786-1851), a Scots born physician and neighbour in Gloucestershire, who was also a Baillie protégé and was later connected by marriage to Baillie's family.²⁹

The 'everyman' construction of distinguished medical lives appealed to the many who were only modestly rewarded, for it could take many years of medical career to achieve a good income. And, of course, many were life-long bachelors with frugal habits formed in youth that often continued through life. Of Dr Joseph Black (1728-1799) the University of Edinburgh professor, a chemist and medical man, it was said; his 'moral and social character was exactly such as harmonized with his mental endowments. He was moderate in his desires, temperate in his enjoyments, benevolent and warm in his affections. He was sometimes accused of penuriousness; but the charge is wholly denied by his relative, Dr Ferguson.'³⁰ In contrast, there was his contemporary William Cullen (1710-1790) who indulged in an estate purchase that effectively bankrupted the family, leaving unmarried daughters with no support. According to Chambers in the *Biographical Dictionary*, 'we have been informed, by one who remembers him well, that he had no sense of the value of money. He used to put large sums into an open drawer, to which he and his wife went whenever either of them wanted money.'³¹ A further detail of Cullen's financial dealings offered by Chambers is that the

²⁸ Macleod and Nuvolari 2006, p.66.

²⁹ Baron 1827 and 1838.

³⁰ *Gallery of Portraits* 1833-6 vol 7, p 176.

³¹ Chambers 1835 vol 2, p.37.

great man did not charge fees for attending University students. In short, a generous spirit and financial naivety are to be read as subtexts to Cullen's bankruptcy.³²

Matthew Baillie was different. He inherited wealth, his earnings were vast, as was his wealth at death, and all biographers addressed these facts in a manner consistent with the 'authorised' family version.

When he was at the height of his popularity, he enjoyed a higher income than any preceding physician...In one of his busiest years, when he had scarcely time to take a single meal, it is said to have reached £10,000. He was admitted to have the greatest consultation business of his time... [but] from his arduous, and to his mind, often irksome duties, he enjoyed no relaxation for many years...³³

This theme of 'arduous' and 'irksome' duties was reinforced elsewhere by a stress on Baillie's reluctance to pursue such a career, having earlier worked as a hospital doctor and anatomy lecturer. Chambers described 'the less agreeable business of the general physician' into which Baillie was persuaded by the 'disinterested recommendations of several members of his own profession.' In short, his decision to become a physician is explain as an act in favour of the public good rather than his own desire to make money. And, having noted Baillie's considerable and famed wealth at his death – his estate was valued at c.

³² Rendall 2009.

³³ Chambers 1835 vol 1 pp. 76-81.

£80,000 - Chambers as with other biographers, went on to emphasise that much of this was bequeathed to 'medical institutions and public charities'.³⁴

Connected to income and wealth, and key to success in professional careers prior to institutional reform, was the matter of patronage. Elite patrons were sought by all professional men with ambition to attract well-paying clients and occupy remunerative 'places', which were used to supplement uncertain professional fees with a regular income. Patronage connections took a great deal of time to forge and, once made, were jealously guarded and nurtured.³⁵ Yet the intimate connection with 'old corruption' was difficult to accommodate in medical life narratives that sought to valorise medical heroes of the recent past in a new age of political reform, and was commonly denied through statements reinforcing 'independence' or progress through merit and hard work alone. The account of John Hunter's career given in the *Gallery of Portraits* in the late 1830s, when the Whig-inclined Baillie family still took a close interest in their relative's posthumous reputation over thirty years after his death, captures the paradox.

At that time [1770s] and for many years afterwards, he was employed in the most curious physiological inquiries: and at the same time forming that museum which remains the most surprising proof of both his genius and perseverance. It is strange that Sir Everard Home [brother-in-law and first biographer] should have considered this collection as a proof of the

³⁴ Ibid.

³⁵ Jewson 1974, pp 369-85.

patronage Hunter received. He had many admirers, and many persons were grateful for his professional assistance; but he had no patrons. The extent of his museum is to be attributed solely to his perseverance; a quality that is generally the companion of genius, and which he displayed in every condition of life.³⁶

It should be noted, in passing, that Everard Home was correct – creating a collection was a device for reinforcing patronage bonds and John Hunter nurtured careful relationships with his patrons. Matthew Baillie was also astute in both cultivating patrons and acting as a patron himself. An insight is offered by the Alexander Morison (1779-1866), physician and owner a small Scottish estate, who in seeking to establish himself in medical practice in London in the post-Napoleonic war years, sought advice and support from Baillie on his hoped-for appointments to the royal household and to a chair at Glasgow University. After a consultation with Baillie over the progress of a patient, Morison, who just a few weeks before had been appointed to a coveted position in the Princess of Wales' household³⁷, recorded the following conversation in his diary.

[I] said to Dr Baillie that when I had the pleasure of dining with him in the summer he had expressed a wish to know what like Scots merino cloth was – I said that in consequence of this I had got a small piece made for a coat to him which I would be very happy if he would accept of – which he was disposed to decline saying he would rather have a sample of it, but on

³⁶ *Gallery of Portraits*, vol 3, p. 21.

³⁷ RCPE, Morison Ms Diary. 6 December 1816.

repeating my wish that he would accept of it, saying that it was taken from my own wool and not of value, he consented.³⁸

The significance of this subtle exchange, which was sufficiently important for the ambitious young man to note in full, lies in the powerful figure that was then Alexander Morison's main patron and for whom Morison acted as personal physician, regular companion and sometimes man-of-business on farming affairs. This was John Southey, fifteenth Lord Somerville (1765-1819) a representative peer of Scotland and a notable figure at court, who was also an agricultural innovator responsible for the first introduction of merino sheep to Britain.³⁹ By accepting the wool coat, Baillie was sealing a connection with Somerville as well as with Morison.

Matthew Baillie wrote his own autobiography in 1818, which he explained it in the following terms, 'according to the custom of the present times it is highly probably that after my decease some short account may be written of my life. I shall therefore put down a few Memoranda in order that this account may be more accurate.'⁴⁰ The document dealt in sequence with his childhood and education; his mother and sisters; the connection with his Hunter uncles; his career and wearisome labours; his own wife and children; his gratitude to Dr David Pitcairn; his relationships with the royal family; the death of the Princess of Wales with a vindication of Richard Croft; his professional publications and connections with

³⁸ Ibid, 25 December 1816.

³⁹ DNB Online 2004, 'John Southey Somerville.'

medical societies; his friends; and finally his travels in Europe in 1788 and a journey to Scotland in 1809, after nearly three decades in London. In what is a very brief account, this most powerful of medical patrons who was frequently petitioned for help in person and by letter, directly and through his wife,⁴¹ was careful in how he represented the patronage contribution to his own career success and his own efforts in that direction. Baillie, in reality, was blessed with exceptional good fortune in the influence and wealth wielded in his favour by his relations by birth and marriage, and the Anglo-Scottish medical networks that dominated London in the later eighteenth century, the Pitcairn family in particular, also acted on his behalf. But consistent with the spirit of the age in which he was writing, these were downplayed.⁴²

Whereas patronage, the symbol of a passing age, was disavowed by the 1820s among the Whig professional elite, public service was being considerably emphasised. In the case of medical men, this was service to hospitals, often poorly remunerated and thus 'virtuous'; service to the profession through selfless contribution to the various medical institutions; and, as in the case of Baillie, service to the crown and in particular to George III as a popular a-political embodiment of public affection, loyalty and respectability. The testimonial from the President of the Royal College of Physicians on announcing the bequests to

⁴⁰ Crainz 1995, p. 3.

⁴¹ See, for example, RCSL HB vol 3:2/74a. Letter from Maria Edgeworth to Sophia Denman, 9 April 1820.

⁴² Crainz 1995, pp. 31-2.

the College that were made in Baillie's will, which was reproduced in *The Gold Headed Cane*, captures some part of this complex phenomenon and also indicates further key aspects of the idealised early nineteenth-century medical personality.

The same principles which guided Dr Baillie in his private and domestic life, governed his public and professional behaviour. He was kind, generous, and sincere. His purse and his personal services were always at the command of those who could prefer a proper claim to them: and every branch of the profession met with equal attention. Nay, such was his condescension, that he often incurred great inconvenience to himself, by his punctual observance of appointments with the humblest practitioners.⁴³

These qualities were not fabricated. There is testimony enough among such younger contemporaries as Alexander Morison to the courtesy and generosity of the older medical man, along with his attention to some of the finer details of emerging medical conduct.⁴⁴ Rather, it is the consistent and repeated emphasis and accompanying praise that should be noted.

The ideal doctor was affectionate, moderate, temperate and industrious, he achieved distinction through his own endeavours, was simple in his pleasures and regular in his habits. Cheerful sociability was stressed, as was benevolence.

⁴³ Macmichael 1884, p. 133.

⁴⁴ RCPE, Morison Diary, 23 May 1815.

Matthew Baillie, according to the *Gallery of Portraits*, was an 'instance of the most active benevolence joined to a plainness of manner most becoming in a physician.'⁴⁵ Plainness not only of manner but also of dress came to be viewed as essential – and that was demonstrated through the inclusion of portraits showing men who were dressed not in the costume of high office, or in the finery of the rich, but in the everyday, unadorned, uniform black suit with white shirt and cravat that had come to define the serious, modern professional man. The reason for the shift in clothing norms from colour and adornment in the eighteenth century, to a sober black in the nineteenth, though complex, is neatly indicated by the popular essayist William Hazlitt in 1818 when he said of elaborate professional dress, referring to clergymen and lawyers in particular, but of equal application to the medical profession:

All artificial distinctions of this kind have a tendency to warp the understanding and sophisticate the character. They create egotism. A man is led to think of himself more than he should, who by any outward marks of distinction invites other to fix their attention on him. They create affectation; for they make him study to be not like himself, but like his dress. They create hypocrisy....⁴⁶

That Baillie exemplified a sartorial ideal, which in turn reflected a key aspect of the idealised medical personality, was not only evidenced from his portrait image, but was also stressed in the first authorised posthumous biography as prefaced

⁴⁵ *Gallery of Portraits*, vol 3, p. 24.

⁴⁶ Hazlitt 1944, p. 777.

to the 1825 *Works of Matthew Baillie*. 'He seemed to have a particular dislike to the affectation and peculiarities of dress displayed by some medical men, as derogatory to the respectability of their profession.'⁴⁷

Egotism, affectation and hypocrisy were cardinal crimes that were countered through plainness of dress and manner, and through other qualities that, in an age that witnessed the rise of the pseudo-science of phrenology, could be 'read' in the face and head. Here, for instance, is the description of John Hunter given in the 1838 *Gallery of Portraits*. 'The portrait from which the annexed engraving is made was painted at the suggestion of the celebrated engraver Sharpe, by Sir Joshua Reynolds, and was among his last works. There could not, indeed, be a more picturesque head.... The original is in the College of Surgeons. It exhibits more mildness than we see in the engraving...'⁴⁸ The term 'picturesque' in this usage was distinct to Hunter and could never have been employed in an equivalent description of Oxford-educated Baillie, for it is a reference born out of the romantically-framed descriptive language of the 1820s and 1830s to simplicity and expressiveness, which were ideal qualities in the idealised construction of a celebrated medical man of only limited formal education and modest social background. It was shorthand for those circumstances of Hunter's lived experience – such as the early cabinet making apprenticeship – which had so distressed the Baillie sisters in the early 1790s.

⁴⁷ Wardrop 1825, p. 47.

⁴⁸ *Gallery of Portraits*. vol 3, p. 24.

The close scrutiny that was given to portraits indicates how important they were in the construction of life narratives. And since portraits were mostly made available for reproduction through the co-operation of either the living subject or his family, and since families paid as much attention to the character of these portraits as they did to the details of the biography, this penultimate section of the essay considers the importance of family in the making of medical lives and reputations.

The Role of Family

In understanding the evolution of nineteenth century medical biography, the family dimension was critical to both the reputation and identity of the professional man being portrayed, but also to the way in which that reputation was managed posthumously. Not having a family to take control of the life narrative and the intellectual property, or having disputes within a family, or family members who failed to carry out their responsibilities, could lead to problems for a posthumous reputation. William Cullen's children, who were locked in conflicts over money, failed to publish the great man's writings and many papers were lost. Cullen's authorised biography, published many years after his death, was also a subject of family feuding.⁴⁹ John Brown's (1735-88) problematic posthumous status is widely attributed to disputes within the family

⁴⁹ Rendall 2009.

as to how this complex personality – a medical genius who lacked ‘polite’ credentials - should be described.⁵⁰ It was widely reported in the nineteenth century that some of Joseph Black’s scientific discoveries were wrongly attributed to others because of the want of a family to put the record straight.⁵¹ And of course there was the scandal and subsequent parliamentary enquiry arising from Everard Home’s misuse of John Hunter’s papers, which had been left in Home’s care, only to be plagiarised and destroyed.⁵²

A family could damage the memory of a distinguished career, but they could also do much to cover the uncomfortable cracks of a problematic life history. This is nicely demonstrated by Matthew Baillie, who in conjunction with his wife, Sophia Denman (1771-1845) and her brother, Justice Thomas Denman (1779-1854), a distinguished lawyer, took responsibility for the authorised obituary of Sir Richard Croft (1762-1818) - Baillie’s brother-in-law, married to Sophia’s twin sister - when Croft famously committed suicide in 1818 in the wake of the death in childbirth of his patient the Princess of Wales. The obituary appeared in *The Annual Biography and Obituary for the Year 1819* – published by the same firm that a few years later published Baillie’s posthumous *Works [and] Life* - and is an interesting narrative that developed a highly charged ‘romantic-tragic’ framework for understanding Croft’s actions, with a stress on excessive hard work coupled with excessive sensibility or emotional engagement with the plight of his patients,

⁵⁰ See, DNB Online, 2004, ‘John Brown’. Pettigrew 1838-40, vol 4.

⁵¹ *Gallery of Portraits*, vol 7, p. 176.

giving rise to temporary but catastrophic mental collapse.⁵³ This family account of Croft's suicide controlled a scandal that could have wrought serious damage to the widow and children, and has survived largely unaltered in biographical accounts down to the present time.

The idealised nineteenth century medical life narrative included conspicuous reference to family because the family man was thought to have the well-developed range of emotions and sympathies that was necessary in a medical practitioner. This emotional dimension, a product of the Enlightenment cult of sensibility enhanced by early nineteenth-century romanticism, was in sharp contrast with the 'dispassionate' ideal that was cultivated with much controversy in the early modern profession.⁵⁴ The family, and the wife and daughters in particular, also provided an index of morality through which to measure the man of science in both medicine and other fields.⁵⁵ To not have a family – to be a bachelor and therefore 'selfish', as the unmarried were conceived in popular culture – could be mitigated through the presence in a household of a loving mother or sisters or other female kin. But such a condition in life, which was common among professional men with their long training and uncertain income,

⁵² Fitzwilliam 1949, pp. 871-6.

⁵³ This was Longman, Hurst, Rees, Orme, Brown and Green.

⁵⁴ See, Payne 2007; Alberti 2006.

⁵⁵ Pettigrew, for instance, notes in his account of John Brown for the *Medical Portrait Gallery*, that Brown's only surviving daughter had penned a favourable portrait of her father in her novel *Passion and Reason*.

still had to be explained. So, in the case of William Hunter, as with so many other professional men, the explanation given was through reference to early lost love following the death of a beloved who could never be replaced, followed by selfless vocation for the public good.⁵⁶ The extent to which a prudent and ambitious medical man was disposed to marriage was partly a function of the availability of suitably qualified women with connections that would advance his career and thereby offset the considerable costs and time commitments involved in setting up a family household and supporting children. The most famous nineteenth century literary evocation of this dilemma is that faced by Dr Lydgate in George Elliot's *Middlemarch*. Lydgate, of course, makes a poor choice of wife and his career suffers as consequence.⁵⁷ John Hunter married the daughter of a notable military surgeon, and after a long courtship while he sought to establish his own career in military medicine, his bluestocking wife, who moved easily in female aristocratic literary circles, was a career asset.⁵⁸ Matthew Baillie did particularly well when he caught the eye and hand of Sophia Denman, daughter of a fashionable obstetrician, sister of a rising London lawyer, a professional asset during life and an energetic guardian of Baillie's reputation following his death.

⁵⁶ The woman in question was Martha Jane, daughter of Dr James Douglas, Hunter's first employer. The evidence for a real romance is thin. See, Black 2007, p. 24.

⁵⁷ First published in 1871/2 but set c.1832.

⁵⁸ Chambers 1835, vol. 3, p. 173 describes 'the estimable qualities of the lady to whom it was his good fortune to be united.'

Family members and particularly women were considerably involved in providing the authorised details for published life-narratives and were often the authors of such documents themselves, which were circulated in manuscript. Indeed, the Baillie family was exceptionally, though not uniquely⁵⁹, involved in such activity over four generations. Baillie's two spinster sisters, Joanna and Agnes Baillie, who both lived to great old age, the last of them dying in the 1850s, wrote memoirs and letters describing their life and times, defended the life history of John Hunter, and supplied authorised 'family information' and access to portraits for biographical accounts of their distinguished medical kin.⁶⁰ Sophia Denman Baillie, co-author of the obituary of her brother-in-law Croft, controlled of her husband's obituaries and managed the posthumous publication of his collected works. She also made strategic bequests to public institutions in his memory, such as the 'gold headed cane' given to the Royal College of Physicians, which led to the popular book of the same name of 1825, which tells the life histories of the owners of the 'cane' from Radcliffe through to Baillie – embellished with portraits.⁶¹ Sophia bequeathed busts of her husband to various medical bodies. She commissioned and distributed posthumous engraved portraits. She wrote

⁵⁹ Alexander Morison's son wrote an unpublished posthumous memoir of his father in the late nineteenth century, deposited in the archive of the RCPE.

⁶⁰ RCPL, HB 2/1, Agnes Baillie, Letter to 'My dear William' giving family history, c. 1830. HB 2/56, Joanna Baillie, 'Recollections written at the request of Miss Berry,' 1831.

⁶¹ Macmichael 1884, p. 1.

poetry dedicated to her husband's memory.⁶² And, in conjunction with her brother Thomas Denman, the lawyer, she put together a remarkable autograph letter collection in which her husband's name was enshrined. This began with letters from famous patients such as Gibbon, Scott, and Byron, who sought medical advice from Baillie as part of his practice by correspondence.⁶³ It was augmented with other celebrated names that enhanced the physician by association, as when John Gibson Lockhart, son-in-law and biographer of Sir Walter Scott, gifted autograph letters of Burns, Carlyle, Southey and Wordsworth in 1845.⁶⁴ The collection was continued by William Hunter Baillie, son of Matthew and Sophia, a lawyer by training who lived as a leisured country gentleman on the wealth inherited from his father, and by his children in turn, and was finally deposited in the archives of Royal College of Surgeons.

Matthew Baillie's only son, William (who married a niece of John Baron, the Gloucestershire physician and first biographer of Edward Jenner) and his only daughter, Elizabeth (who married a military hero, Captain Milligan), wrote unpublished memoirs of their father in 1870-1 and 1866-8 respectively, when both were elderly. These and other family papers were also deposited in the Royal College of Surgeons.⁶⁵ William Hunter Baillie had two sons who entered

⁶² RCPL, HB vol. 2, 3.

⁶³ On medical correspondence, see Wilde 2006.

⁶⁴ RCPL, HB vol 3/53b. Letter from J. G. Lockhart to Sophia Baillie, December 1845.

⁶⁵ RCPL, HB vol 2, 56, 70

the army mid-century, both according to the family record enjoying military patronage founded on the connections and reputation of their distinguished medical grandfather.⁶⁶ His eldest son, another William Hunter Baillie (soldier and Anglo-Catholic lay missionary in London's slums) and his eldest daughter Helen Hunter Baillie (also involved in Anglo-Catholic affairs), who were both unmarried, continued to collect, protect and bequeath memorial papers, though neither had been born when their grandfather was alive. William was responsible for the first publication of some of the manuscript material in the 1890s in the medical journal *The Practitioner*, including letters and his grandfather's autobiographical 'memoranda'. He also gifted sets of family portraits to the Royal College of Physicians and the Royal College of Surgeons in London.⁶⁷ Helen tracked down new letters to add to the archive, including an important Jenner collection, and in old age wrote the most extensive biographical account of the family, drawing on her childhood recollections of stories told by her elderly Baillie aunts, and more recent memory. This lengthy document, created as both a public record and to inspire the interest of younger family members, connected the Hunters, the Baillies, the Denmans, the Crofts, the Barons and the Milligans through four generations of doctors, lawyers, soldiers and clergy. It was Helen, the last of the family to bear the Hunter Baillie name, who bequeathed the remaining bulk of the family collection to Royal College of Surgeons. At her death in 1929, her own

⁶⁶ RCPL, HB MS0209. Helen Hunter Baillie, 'A biography of the Hunter Baillie family in ten parts.' p. 29. The regiment was the 72nd Highlanders and the patron was the Duke of Cambridge, 'in recognition of our grandfather's services.'

⁶⁷ Ibid, p.5.

obituary in *The Times* was penned by Sir Arthur Keith, Conservator of the Museum and Hunterian Professor at the Royal College of Surgeons.⁶⁸

Conclusion

From the 1790s to the 1920s Matthew Baillie's family was energetic in its efforts to preserve and promote the reputations and intellectual legacies of their medical kin through life writing, and through the collecting and strategic bequest to medical institutions of papers, images and artefacts. These activities were not conducted without the involvement of the medical men themselves. Matthew Baillie made bequests to medical institutions of his medical preparations, books and papers, both in life and through his will.⁶⁹ He also gave instruction and funds for the limited-edition printing and distribution of his manuscript lecture notes.⁷⁰ Baillie's father-in-law, Thomas Denman, wrote a memoir of his own life in 1799, which was 'continued' by Baillie in 1818 and published in 1824.⁷¹ Matthew Baillie was one of the authors of the obituary record of his brother-in-law Richard Croft and penned his own autobiographical 'memoranda' in 1818 on which all subsequent family-authorised life narratives were based.

⁶⁸ *The Times*, 14 February 1929.

⁶⁹ Macmichael 1884, p. 133. Royal College of Physicians of London. Photocopy of National Archives, PROB 11/1676. Last Will and Testament of Matthew Baillie.

⁷⁰ Ibid.

⁷¹ Crainz 1995, p.137.

There was, of course, an evolution in the features of Baillie's life and personality that were highlighted down the decades. Stoic ideals associated with the Enlightenment can be read in the early stress on virtue through plain living and hard work, and the romantic-tragic framework for representing a life, which was a dominant feature of popular biography by the 1830s and '40s, gave rise to the emphasis on Baillie's arduous labours and untimely death. This gave way in the second half of the century to narratives that placed religion centre stage – a subject that Baillie never mentioned himself – which was a reflection not only of the missionary preoccupations of his grandchildren, but of a broader Victorian concern with faith in an age of spiritual crisis.⁷² Yet there were also important continuities in the essentials of Baillie's 'life' as represented in his own and subsequent biography. There was a consistent emphasis on his links with medical institutions – a strong feature of the 'memoranda' - which is not surprising since those medical men who enjoyed the greatest celebrity in life and survived in memory for longest after death were those who through office holding or bequests had the strongest connections to the medical institutions that would celebrate their names through stone, inscription and image, and through libraries and museums. There was also a stress on that part of Matthew Baillie's medical practice that was held by contemporaries and later commentators to have made him so successful with his patients and so interesting to the medical community. These can be characterised as an unusual combination of experience and skills

⁷² See, France and St Clair (eds) 2002; Amigoni (ed) 2006; Soderqvist (ed) 2007.

giving rise to an innovative approach to diagnosis, and a distinct manner of engaging with patients.

From the *Gold Headed Cane* in 1825; 'his explanations were so concise that they always excited attention, and never tired: and the simplicity of the language in which they were conveyed, where all technical terms were studiously avoided, rendered them perfectly intelligible.'⁷³ To Helen Hunter Baillie's memorial of the 1920s; 'he was a pre-eminently simple strait forward man... His patients trusted him...and they always heard the truth, as far as he knew it. His great skill was in diagnosis.'⁷⁴ The emphasis throughout was on his relationships with patients in both the identification of disease and in the communication of sometimes-difficult information in stressful circumstances. These qualities, it was routinely stressed, were born out of a unique set of career circumstances. 'From his habit of public lecturing, he had acquired two great advantages: First, a minute and accurate knowledge of the structure of the human body; and, second, the most perfect distinctness and excellent arrangement, in what may be called the art of *statement*.'⁷⁵ Baillie's diagnostic innovations were well known to his medical contemporaries, and some of his younger colleagues in patient consultations, such as Alexander Morison, had sought and described his practical demonstrations of, for instance, the auscultatory technique of chest

⁷³ Macmichael 1884, p. 125.

⁷⁴ RCSE. HB MS0209. Helen Hunter Baillie, 'Biography', p. 19.

⁷⁵ Macmichael 1884, p.124.

examination.⁷⁶ But his approach, based in anatomy and surgery, was still controversial, even at the time of his death.⁷⁷ Here is how the matter was described by Sir Henry Hallford, President of the College of Physicians, in his posthumous oration to Baillie.

He appeared to lay a great stress upon the information which he might derive from the external examination of his patient, and to be much influenced in the formation of his opinion of the nature of complaint by this practice. He had originally adopted this habit from the peculiar turn of his early studies; and assuredly such a method, not indiscriminately but judiciously employed, as he employed it, is a valuable auxiliary to the other ordinary means used by a physician of obtaining the knowledge of a disease submitted to him.

But cautions were also offered, for 'notwithstanding its air of mechanical precision, such examination is not to be depended upon beyond a certain point.'

One of the inevitable consequences of such a system is frequent disappointment in foretelling the issue of the malady, that most important of all points to the reputation of a physician; and though such a mode of investigation might prove eminently successful in the skilful hands of Dr. Baillie, it must be allowed to be an example of dangerous tendency to those who have not had his means of acquiring knowledge nor enjoyed

⁷⁶ RCPE. Alexander Morison. Diary. 19 January 1816.

⁷⁷ For background, see Lawrence 1996, pp.308-9.

the advantages of his great experience, nor have learned, by the previous steps of education and good discipline to reason and judge correctly.⁷⁸

This brings us back to the purpose of ‘medical lives’ and to the great proliferation of such writing in the nineteenth century, for though the ‘celebration of great men’ was a feature of the age, there was also a complex medical agenda. Partly, to echo Margaret Pelling, such writing was born out conflict in the profession, as controversial new therapies and clinical approaches came to the fore. Partly, as suggested by Ludmilla Jordanova, it was a consequence of anxiety concerning the changing identity of the different branches of the profession. This meant that not only were the positive features of a distinguished career identified, but also some of the negative ones. Macmichael, writing in his 1830 *Lives of the British Physicians*, which included an extended and more critical account of Baillie based on the earlier *Gold Headed Cane*, was moved to observe as a caution against excessive hard work, ‘unfortunately, the brilliant success of his career did not add much to his own happiness.’⁷⁹ And Chambers, writing in 1835, made this observation in his essay on John Hunter, having first exonerated the latter from the accusation of having left his widow in penury: ‘We repeat that we do not think that any man’s devotion to science affords the slightest apology or ground of excuse for leaving those to whom he should be bound by the most sacred ties of

⁷⁸ Macmichael 1884, pp.134-5.

⁷⁹ Macmichael 1830, p. 241.

attachment, in neglected circumstances.’⁸⁰ So, more than a just product of conflict and anxiety, medical life writing should be understood in the context of education, illustrated by exemplary lives, over how best to conduct a medical career and the pitfalls to avoid. Indeed, Holford’s statement noted in the paragraph above for an audience comprising his medical contemporaries had a clear didactic purpose. And this didactic function is one of the reasons why Baillie’s career and personality remained such a popular biographical subject in medical circles throughout the nineteenth century.

The sustained interest in Matthew Baillie was not only because of his contribution to early nineteenth-century medical diagnostic techniques, or even because of his pioneering publication in the field of anatomy, though both have made him a figure of interest to historians of medicine.⁸¹ The interest in Matthew Baillie, which was underlined in the mid-1890s with the publication in *The Practitioner* over several editions of his correspondence and autobiographical ‘memoranda’, was a product of his character and those parts of his character that had made him so successful as a clinician. For in identifying and emphasising aspects of Baillie’s personality, physical presentation and use of language, as well as his moral integrity and approach to medical etiquette, memorialists and biographers were

⁸⁰ Chambers 1835, vol. 3, p. 173.

⁸¹ The judgement offered by Lester S. King is worth noting. ‘Baillie was a sharp observer and an excellent writer, but he lacked the vital stimulating spark of the investigator...[he] was primarily a clinician and a very excellent one.’ King 1958, p. 281.

engaged in a long-standing medical and popular conversation on the proper conduct of relationships between doctors and their patients.⁸² Though the cultural context may be different, the subject is still alive today in media commentaries and is also in evidence in medical student training which seeks to develop skills of 'instinct, experience, common sense and compassion' as significant adjuncts to medical practice, along with mechanisms for conveying hope through language, tone of voice and even the way in which a practitioner is dressed, in order to help patients achieve the best outcome from illness.⁸³

Medical controversies surrounding the use of physical examination were quickly concluded in Baillie's favour not long after his death and there is little more to learn from his life on that score – yet in his personal approach to patients and his practice of the 'art' of medicine, Dr Matthew Baillie still has much to tell. To echo the *Biographia Britannica* of 1777, this exemplary medical life can be 'regarded as presenting us with a variety of events, that... may become the materials from which general truths and principles are to be drawn'.⁸⁴ This is one of the reasons why modern medical practitioners, unique among the professions today, are still great writers and consumers of medical biography.

⁸² For background, see Loudon 1986; Digby 1994 and 1999.

⁸³ James 2009. This article is about Dr Garner Thomson, founder of the Society of Medical NLP and his book of 2008, *Magic in Practice: Introducing Medical Neuro-Linguistic Programming. The Art and Science of Language in Healing and Health*.

⁸⁴ *Annual Necrology* 1800, p. 215.

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